

**PART B - FEE(S) TRANSMITTAL**

QIPE  
Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (571)-273-2885

SEP 11 2006

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where applicable. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

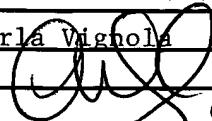
7590 08/22/2006

Thomas C. Webster  
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP  
Seventh Floor  
12400 Wilshire Boulevard  
Los Angeles, CA 90025-1026

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Carla Vignola	(Depositor's name)
	(Signature)
9-704	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/053,205	11/09/2001	Joe Freeman Britt JR.	04676.P012	5511

TITLE OF INVENTION: APPARATUS AND METHOD FOR ALLOCATING MEMORY BLOCKS		09/12/2006 EAREBAY2 00000029 10053205	1400.00 OP
		01 FC:1501	300.00 OP
		02 FC:1504	30.00 OP
		02 FC:8001	

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/22/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROJAS, MIDYS	2185	711-170000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	1. BLAKELY, SOKOLOFF, 2. TAYLOR & ZAFMAN, LLP 3. _____

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DANGER, INC.

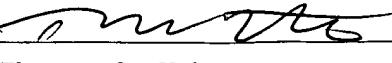
PALO ALTO, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input checked="" type="checkbox"/> A check is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input checked="" type="checkbox"/> Advance Order - # of Copies 10	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)	<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

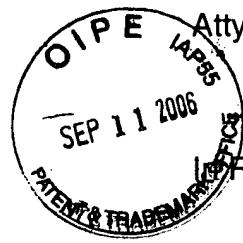
Date 9/7/06

Typed or printed name Thomas C. Webster

Registration No. 46,154

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Atty. Docket No.: 004676.P012

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In RE Application of:

)  
Joe Freeman Britt, Jr.

)  
Serial No.: 10/052,205

)  
Filing Date: November 9, 2001

)  
For: An Apparatus And Method For  
Allocating Memory Blocks

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, V.A. 22313-1450

Examiner: Rojas, Midys

Art Unit: 2185

Confirmation No.: 5511

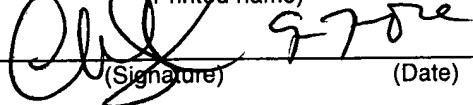
I hereby certify that this correspondence is being  
deposited with the United States Postal Service as first  
class mail with sufficient postage in an envelope  
addressed to the Commissioner for Patents, P.O. Box  
1450, Alexandria, VA 22313-1450, on

September 7, 2006

(Date of Deposit)

Carla Vignola

(Printed name)

  
(Signature)

(Date)

**PAYMENT OF ISSUE FEE**

Dear Sir:

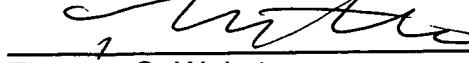
Enclosed herewith for submission in the United States patent application  
referenced above is 1) a check in the amount of \$1,730.00 which includes  
\$1,400.00 for payment of the Issue Fee; 2) \$300.00 for payment of the publication  
fee; and 3) \$30.00 for the Advanced Order of 10 hard copies of the patent, and 4)  
an Issue Fee Transmittal form.

If any additional fee is required, please charge Deposit Account No. 02-2666.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: 9/7, 2006

  
\_\_\_\_\_  
Thomas C. Webster  
Reg. No. 46,154

12400 Wilshire Boulevard  
Seventh Floor  
Los Angeles, CA 90025-1026  
(408) 720-8300

**FEE TRANSMITTAL FOR FY 2005**

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**TOTAL AMOUNT OF PAYMENT (\$)** 1,730.00**Complete if Known:**

Application No. 10/052,205  
Filing Date 11/09/2001  
First Named Inventor Joe Freeman Britt, Jr.  
Examiner Name Rojas, Midys  
Art Unit 2185  
Attorney Docket No. 004676.P012

\_\_\_\_\_  
Applicant claims small entity status. See 37 CFR 1.27.

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify) \_\_\_\_\_

Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: \_\_\_\_\_

The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

Charge fee(s) indicated below except for the filing fee

Credit any overpayments.

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fees Paid (\$)</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1011	300	2011	150	Utility application filing fee	1,000/500
1111	500	2111	250	Utility search fee	
1311	200	2311	100	Utility examination fee	
1012	200	2012	100	Design application filing fee	430/215
1112	100	2112	50	Design search fee	
1312	130	2312	65	Design examination fee	
1013	200	2013	100	Plant filing fee	660/330
1113	300	2113	150	Plant search fee	
1313	160	2313	80	Plant examination fee	
1004	300	2004	150	Reissue filing fee	1,400/700
1114	500	2114	250	Reissue search fee	
1314	600	2314	300	Reissue examination fee	
1005	200	2005	100	Provisional application filing fee	_____

SUBTOTAL (1) \$ 0


 2. EXCESS CLAIM FEES

				<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fees Paid (\$)</u>
<b>Total Claims</b> _____				<b>- 20 or HP =</b> _____	X _____	= _____
HP = highest number of total claims paid for, if greater than 20						
<b>Independent Claims</b> _____				<b>- 3 or HP =</b> _____	X _____	= _____
HP = highest number of independent claims paid for, if greater than 3						
<b>Multiple Dependent Claims</b> _____						= _____
<b>Large Entity</b>		<b>Small Entity</b>				
<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee Description</u>		
Code	(\$)	Code	(\$)	Each claim over 20		
1202	50	2202	25			
1201	200	2201	100	Each independent claim over 3		
1203	360	2203	180	Multiple dependent claims, if not paid		
1204	200	2204	100	Reissue: each claim over 20 and more than in the original patent		
1205	50	2205	25	Reissue: each independent claim more than in the original patent		
				<b>SUBTOTAL (2) \$ 0</b>		

 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each add'l 50 or fraction thereof</u>	<u>Fee from below</u>	<u>Fees paid (\$)</u>
_____	– 100 = _____ / 50 = _____ (round up to whole number)	X _____		

<b>Large Entity</b>	<b>Small Entity</b>	<u>Fee Description: Application size fee for each additional group of 50 sheets beyond initial 100 sheets</u> (count spec & drawings except sequences & program listings):
Fee Code	Fee (\$)	
1081	250	2081 125 Utility
1082	250	2082 125 Design
1083	250	2083 125 Plant
1084	250	2084 125 Reissue

SUBTOTAL (3) \$ 0

**FEE CALCULATION (continued)****4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Large Entity	Small Entity	Fee Description	Fees Paid (\$)
Fee	Fee	Fee	
Code	(\$)	Code	(\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1100	2503	550
1462	400	1462	400
1463	200	1463	200
1464	130	1464	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1814	130	2814	65
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,370	1454	1,370
Other fee (specify) <u>Advanced Order of 10 hard copies of the patent</u>			30.00
Other fee (specify) _____			_____
SUBTOTAL (4) \$ 1,730.00			_____

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY:**Typed or Printed Name: Thomas C. WebsterSignature: Thomas C. WebsterDate: 9/7/06Reg. Number: 46,154Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/053,205
		Filing Date	November 9, 2001
		First Named Inventor	Joe Freeman Britt
		Art Unit	2185
		Examiner Name	Rojas, Midys
Total Number of Pages in This Submission	6	Attorney Docket Number	4676P012

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response <div style="margin-left: 20px;"> <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)         </div> <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input type="checkbox"/> PTO/SB/08         </div> <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <div style="margin-left: 20px;"> <input type="checkbox"/> Basic Filing Fee  <input type="checkbox"/> Declaration/POA         </div> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) <div style="margin-left: 20px;"> <input type="checkbox"/> Landscape Table on CD         </div>	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           Please identify below:             Return Postcard (1);            Payment of Issue Fee (1 page).         </div>	
			<input type="checkbox"/>

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas C. Webster, Reg. No. 46,154  <b>BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP</b>
Signature	
Date	9/7/06

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Carla Vignola	Date	9-7-06
Signature			